A.

| SCHEDULE B (FEC Form 3X)   |   |                        |             |            |                    |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|----------------------------|---|------------------------|-------------|------------|--------------------|------------|---------|---------|------------|--|--------|---------|------|--------------|---------|--------|-------|-----|--|--|--|
| SCHEDULE B (FEC FOIIII 3X) |   |                        |             | Use sepa   |                    | FOR LINE N |         |         |            |  |        |         |      | PAGE 44 / 44 |         |        |       |     |  |  |  |
| ITEMIZED DISBURSEMENTS     |   |                        | for each    | -          | (cn                |            | niy o   | ,       | _          |  | _      |         | _    |              | _       |        |       |     |  |  |  |
|                            |   |                        | Detailed    | IL         | _                  | 21b        | Ш       | 22      | LX         | 23   | Ц      | 24      | Ш    | 25           |         | 26     |       |     |  |  |  |
|                            |   |                        |             |            |                    |            |         | 27      |            | 28a  | Ш      | 28b     |      | 28c          |         | 29     |       | 30b |  |  |  |
|                            | •   | d from such Reports    |             | •          |                    | •          |         |         |            |  | •      |         |      | _            |         |        | ;     |     |  |  |  |
| or 1                       | for commercial purp   | poses, other than usir | ng the name | and addre  | ss of any politica | l comn     | nitte   | ee to s | solic      | it conti   | ibuti  | ons fro | om s | such c       | omn     | nittee |       |     |  |  |  |
|                            | NAME OF COMMITTEE (In Full)   |                        |             |            |                    |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
| $\rangle$                  | SOUTHERN CO   | OMPANY EMPLO           | YEES PAG    | )          |                    |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
| _                          | Full Name (Last F   | First Middle Initial)  |             |            |                    |            |         |         |            | <b>T</b>   |        | ID      | 001  | F40 F        | - 4 4 6 |        |       |     |  |  |  |
|                            | Full Name (Last, First, Middle Initial) ILLINOIS TOOL WORKS FOR BETTER GOVERNMENT COMMITTEE |                        |             |            |                    |            |         |         |            | Transaction ID: 80513.E1120 Date of Disbursement |        |         |      |              |         |        |       |     |  |  |  |
|                            | Mailing Address 1001 Constitution Ave, NW   |                        |             |            |                    |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            |   |                        |             |            |                    |            |         |         | 04 21 2008 |  |        |         |      |              |         |        |       |     |  |  |  |
|                            |   | Suite 800 W            |             |            |                    |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | City  |                        | _           | State      | Zip Code           |            |         |         |            | Amou   | int of | Each    | Dis  | burseı       | ment    | this F | Perio | od  |  |  |  |
|                            | Washington  |                        | [           | DC         | 20001-             |            |         |         |            |  | -      |         |      | -            |         |        |       |     |  |  |  |
|                            | Purpose of Disbursement   |                        |             |            |                    |            | 1000.00 |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | DIRECT CONTRI   |                        |             | Ш.         |                    | .          |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | Candidate Name Category/  |                        |             |            |                    |            |         | ory/    | *          |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | SAXBY CHAMBLISS Type  |                        |             |            |                    |            | Э       |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | Office Sought:  | χ House                | Disburser   | nent For:  | 2008               |            |         |         |            | חוחב   | οт .   |         | רחוו | DUTI         | ON.     |        |       |     |  |  |  |
|                            |   | Senate                 |             | Primary    | General            |            |         |         |            | DIRE   | UI (   | CON     | ıKII | יווטם        | ΟN      |        |       |     |  |  |  |
|                            |   | President              | X           | Other (spe | ecify) 🔻           |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |
|                            | State: GA   | District: 08           | ANNUAI      | L/OTHER    | }                  |            |         |         |            |  |        |         |      |              |         |        |       |     |  |  |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 16000.00 |